

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

POWER OF ATTORNEY,
CORRESPONDENCE ADDRESS
AND REVOCATION OF PRIOR POWERS

Hon. Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Revocation: I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

Power of Attorney: I hereby appoint the practitioners associated with customer number **91944**, individually and collectively, as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).


I authorize Brian Siritzky and Davidson Berquist Jackson & Gowdey, LLP to delete names/numbers of persons no longer with the Firm and to act and rely on instructions from and communicate directly with the entity who first sent this case to them and by whom I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Brian Siritzky or Davidson Berquist Jackson & Gowdey, LLP in writing to the contrary.

Correspondence Address: Please recognize or change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to the address associated with Customer Number **91944**.

Assignee Name and Address:

Claria Innovations LLC
15260 Ventura Blvd., 20th Floor
Sherman Oaks, CA 91403

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record			
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee			
Signature		Date	January 31, 2011
Name	Murray Markiles	Telephone	(818) 444-4414
Title	Eurocapital Business Development as Manager of Claria Innovations LLC		